| RMATION REQUEST | | | STATE OF INDIANA LAKE COUNTY FILED FOR RECORD |
|--|--|----------------------------------|---|
| W INSTRUCTIONS (front and back) CAREFULL | | | LICED FOR DECORD |
| ME & PHONE OF CONTACT (optional) 19-838-1890 FURN TO: (Name and Address) | \$005000 | 180 | 2001 AUG 29 AH St. 1 |
| F LYDNE CO | X, PARACESAL | 7 | MICHA - A. STOWN |
| 1631 FISHER | • | | |
| L mupster, | TH 46321 _ | 715 100 5 | |
| STOR NAME to be searched - insert only one debte | or name (1a or 1b) - do not abbreviate | | PACE IS FOR FILING OFFICE USE OF |
| ORGANIZATION'S NAME DIA M | | SPORTATIO | N) |
| INDIVIDUAL'S LAST NAME | FIRST NAME | 33101-111111 | MIDDLE NAME |
| | | | |
| ORMATION OPTIONS relating to UCC filings SEARCH RESPONSE CERTIFIED (Option | | iling office that include as a D | Debtor name the name identified in item |
| COPY REQUEST CERTIFIED COPILOR Select one of the following two options: SPECIFIED COPIES ONLY CERTIFIED | L UNLAPSED | | 7. 1 |
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